	m	$\{ x_i \in \mathcal{X}_i \mid x_i \in \mathcal{X}_i \mid x_i \in \mathcal{X}_i \} $
٠.	BUREAU OF VITAL STATISTICS ADIZONA CONT.	
Ì	1. PLACE OF DEATH ARIZONA STATE	BOARD OF HEALTH STANDARD CERTIFICATE OF DE
	County	State File No. 4
į	District or Township	Panis
	City Mo or Village	The state of No. 3
	N //	Cornelia Horrital
•	2. FULL NAME SING	rred in hospital or institution, give its NAME instead of street and number
	(a) Residence, No.	thus
\$	(Usual pless of all 1)	St.
5	Length of residence in city or town where death occurred by yrs. 2	(If non-resident, give city or town
11078	PERSONAL AND STATISTICAL PARTICULARS	mos. ds. How long in U. S. if of foreign birth? yrs. mos.
		WEDIG .
	ED or DIVORCED, WIDO	"A DATE OF DE
	Marrie	Month
\parallel	5a. If married, widowed or discovery	HEREBY CERTIFY, That I attended deceased fro
II	HUSBAND of	
$\ \cdot\ $	when M. arthur	that I last saw his alive on feer 17
-	6. DATE OF BIRTH (month, day and year fried \$3, 188	and that death and
1	7. AGE Years Months Days II LESS than	
_	A OCCUPATION OF MAIN	
	8. OCCUPATION OF DECEASED (a) Trade, profession, or	From Chatel &
	Particular kind of work (1) Median and a feet	a appendictory
	business or establish	12-0.
	which employed (or employer) (c) Name of employer	CONTRIBUTORY
_	9. BIRTHPLACE (city or town)	(Secondary)
	(State or country)	(duration) yrs. mos. de
	10 heis mepias	18. Where was disease confrontal
	10. NAME OF FATHER (Lasles Usther	If not at place of death?
p	11. BIRTHPLACE OF FATHER	Did an operation precede death? Date of Date of 19. 19.
KEN	(State or country) (city or town)	
Ž.	12. MAIDEN NAME	What test confirmed diagnosis?
•	- Cincis	M.D. (Address)
- 1	13. BIRTHPLACE OF MOTHER	1 state 11 - 16 - 16 - 16 - 16 - 16 - 16 - 16
14	(State or country)	* State the Disease Causing Death or in deaths from Violent dental, Suicidal, or Homicidal. (See reverse side for additional destance of Littury, and (2) whether Acci-
•	Informant	19. PLACE OF PURIAL CONTROL SPACE).
_	(Address) Cijo Gas	, , , =================================
15		
,	Filed Jan 1930 John Strond	20. UNDERTAKER ADDRESS
	Registrar.	H.T. Lyons Die An